

HAMMOND (W.A.)

THE AMERICAN SOLDIER  
AND VENEREAL DISEASES.

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ments of Mr. Edward Atkinson.*

BY

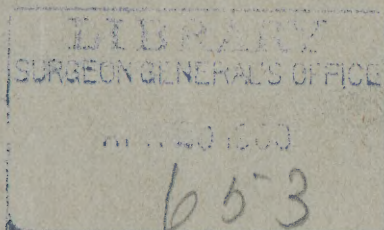
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Brigadier-General and Surgeon-General, U. S. Army (retired).

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## THE AMERICAN SOLDIER AND VENEREAL DISEASES.

A REFUTATION OF  
SOME OF THE STATEMENTS OF MR. EDWARD ATKINSON

BY WILLIAM A. HAMMOND, M. D.,  
BRIGADIER-GENERAL AND SURGEON-GENERAL, U. S. ARMY (RETIRED).

PERHAPS of all the classes of men throughout the world soldiers are more frequently the subjects of venereal diseases than any other. This proclivity is due not altogether to circumstances incidental to army life, but to a great extent to the fact that military men of all ranks, from the field-marshal to the private, have in every age of the world evinced a marked tendency to become the victims of female blandishments, and have, moreover, been the special favorites of the fair sex both of high and low life. A long experience not only as a medical officer of the army, but as a practising surgeon among civilians in and out of hospitals, and very thorough observation of civil and military hospitals, both in this country and in Europe, have given me extensive opportunities for studying the class of diseases in question in their relations to the American soldier, and have prompted me to extend my researches

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into the subject as regards the armies of other nations. I am, therefore, I trust, not altogether deficient in the knowledge necessary to place a very important subject in its true position before the medical profession and the public generally.

The erroneous statements in Mr. Atkinson's pamphlet, *The Hell of War*,\* if allowed to go uncorrected, are calculated to do very great harm, coming, as they do, from a gentleman whose conclusions have hitherto been so uniformly based on facts, and whose position as a political economist adds greatly to the force of his remarks. But on the present occasion he has ventured into waters beyond his depth, and, not only this, but into waters of different quality from those in which he has hitherto waded. I shall not quote the proverb *Ne sutor supra crepidam* as being entirely applicable to him, for his mind is so thoroughly trained to habits of research that it does not require much labor for him to obtain a moderately correct idea of any subject, no matter how foreign it may be to the general trend of his studies. But, in the present instance, a "moderately correct" idea will not answer. Absolute truth is required. A more thorough investigation than he has given the subject would, I am confident, have convinced him of his errors; and then, as honesty is his distinguishing characteristic, he would not have fallen into the mistakes which the science of the present day is so readily capable of demonstrating.

In the first place, and in striking exemplification of the fact that Mr. Atkinson does not know what he is talking about, is his confounding of venereal diseases with syphilis, evidently under the impression that the

\* *The Hell of War*, p. 17.

two are correlative terms. From this confusion he draws the inference that they are all capable of contaminating the blood of the person affected and of transmitting infection to progeny from generation to generation. Thus he says: "The greater cost will be the corruption of the blood through the infection of every force that will be annually called out to maintain our rule." And again—

"The greatest and most unavoidable danger to which these forces will be exposed will be neither fever nor malaria; it will be venereal diseases in their worst and most malignant form." And again—

"It is well known that while there may be an apparent cure, this disease [venereal disease] works corruption of the blood to the third and fourth generation, ending in degeneracy."

Now, under the designation of "venereal disease," as the term is used by Mr. Atkinson, and in the tables of statistics from which he quotes, are included:

1. Soft chancre or chancroid, as it is generally called.
2. Gonorrhœa.
3. The true syphilitic or infecting sore—the hard chancre.

This is the only one that possesses the slightest claim to the quality of infecting the general system and thus producing constitutional syphilis. The other two are simply local diseases which are treated locally, and the poison of which is, under no circumstances, absorbed into the blood so as to produce constitutional disease capable of being transmitted to the offspring.

In the early part of my professional service in the army I was stationed in New Mexico, which at the

time had an unenviable reputation as a hotbed of syphilis. There was then (1849-'52) no distinction between the hard and the soft chancre, both being considered by the medical profession generally as competent to cause contamination of the blood and thus produce constitutional syphilis. The view held was similar to that which Mr. Atkinson holds now; but since that period fifty years have elapsed, and with the progress of medical science the fact has been established beyond question that only one of the so-called venereal diseases—the hard chancre—is capable of affecting the general system. I soon observed that only a few cases of venereal ulcerations were followed by general symptoms; but it was reserved for Ricord, the eminent French syphilographer, to point out the essential difference between the two primary sores and to establish beyond the shadow of a doubt that the soft chancre, or chancroid, is never a source of constitutional syphilis. Mr. Atkinson ignores this distinction, and as the soft chancre is much more commonly encountered, especially in hot climates, than the infecting or syphilitic sore, the force of his statement relative to the dangers to untold generations of Americans from the return of our soldiers, is, by this circumstance alone, materially lessened. The soft chancre is amenable to treatment by local measures, and if any soldiers should succeed in reaching the United States with unhealed chancroids, or non-infecting sores, the only persons liable to suffer would be the women with whom they might have illicit relations, and they would only be involved in like manner with themselves. The Philippine Islands are especially noted for the readiness with which venereal diseases of all kinds are cured, and this without any treat-

ment whatever except such as the climate affords. It is not likely, therefore, that any but a very small proportion of soldiers suffering from such affections would arrive in the United States with the ability to communicate even a non-infecting chancroid. Thus, Sir John Browning,\* while stating that venereal diseases in the Philippines are widespread, declares that they are easily cured by the simple remedies used by the natives. The ready subjection of these affections, as they exist in the Philippines, to medical treatment, is the uniform testimony of all familiar with the subject whom I have questioned. And the assertion of Mr. Atkinson, that they prevail there in their "worst and most malignant form," is not borne out by the facts. They are more virulent in the slums of our large cities than they are in any of our recently acquired tropical possessions. The moist climate of the Philippines, accompanied as it is by high temperature, is calculated to eliminate the syphilitic poison from the system in a manner similar to that exercised by the Hot Springs of Arkansas. If they were near to this country it would be good medical practice for physicians to send their syphilitic patients to them in order to produce quicker and more effectual cures.

The other affection coming under the head of venereal diseases—gonorrhœa—is likewise incapable of producing constitutional disease, except in the rare instances in which it appears to predispose to rheumatic affections of the joints. But no one contends, except perhaps Mr. Atkinson, that this condition can be transmitted either to the mother or the offspring. In fact, gonorrhœa is only communicable by actual contact with

\* *A Visit to the Philippine Islands*, London, 1859, p. 83.

the specific gonorrhœal bacillus, and in this respect is analogous to chancroid.

Nothing is left, therefore, of Mr. Atkinson's venereal diseases and their transmission to numerous unborn generations but the hard, the infecting, the true syphilitic chancre; and this constitutes but about one seventh of all venereal diseases. Thus, taking the data furnished by the surgeon-general in his report for 1898, we find that for the year 1897 the ratio for the venereal diseases was 84.59 to the 1,000 of mean strength in a total of 27,374, while of this ratio only 12.04 to the 1,000 were syphilis.

Syphilis has long labored under the imputation of being transmissible from the infected father to the offspring. But it is now scarcely a question for doubt that such an event never takes place, and that the only ways for the unborn child to acquire syphilis are by passing over—while in process of entering the world—primary sores, and by the mother contracting such sores during the first six months of her pregnancy; and even this latter is a contingency not likely to happen. Now, as it takes at least six weeks for a transport to reach any port in the United States, and as the duration of most chancres, even without medical treatment, rarely exceeds a month, many of the soldiers suffering from such sores would be free from them, and therefore incapable of communicating the disease, even though they might be affected constitutionally. Only those whose primary lesions were still unhealed could transmit syphilis to offspring by giving primary sores to the mother, and thus, possibly, causing in her constitutional disease. For it by no means follows that a person with a true syphilitic chancre can transmit the poison to the person with

whom he or she has intercourse. Syphilis is like small-pox and other contagious diseases. Many may be exposed to infection and yet never become infected. Then, admitting that a woman contracts syphilis from an impure connection with a soldier recently returned from the Philippines, in order that she may transmit the disease to her offspring, she must acquire constitutional syphilis during the first six months of her pregnancy, and even then the chances that the child will be infected are remote. Moreover, it must be borne in mind that it is by no means certain that the mother having a primary sore from an infected soldier would acquire constitutional syphilis. Many persons, male and female, escape infection of the system, even though having local specific lesions, just as many persons, though exposed to contagion, escape scarlet fever, diphtheria, measles, small-pox, etc. It is probable that only a small proportion of those who render themselves liable, even though taking no precautions in avoidance, acquire syphilis.

A main point to be insisted upon is that constitutional syphilis is never transmitted by the father either to the mother or child, but that except as mentioned in regard to the infection of the offspring by the mother, actual contact with a primary lesion is necessary.

That this is the view held by the best authorities, and taught in the text-books and in our medical schools, is shown in the following citations:

Sturgis,\* in his paper on Hereditary Syphilis, collects much evidence to show that syphilis in the unborn child occurs only when the mother is the subject of the disease; the existence of the affection in the father being a matter of no importance so long as the mother

\* *New York Medical Journal*, July, 1871.

does not become infected by him from a primary lesion.

Van Buren and Keyes \* say: "Fathers with tertiary syphilis, certainly, as a rule, when the mother is sound, procreate healthy children as far as syphilis is concerned."

Otis † says: "In order, therefore, to the production of the disease in the adult, in the infant, or in the embryo, the infecting cell of syphilis must first be brought into contact with healthy cell material. No mysterious hereditary influence is necessary or can be admitted."

And again: "But that any syphilitic disease proved to be such by its power to transmit syphilis has been communicated to healthy persons by infants conceived after the active or contagious stage of syphilis has passed, there is no well-authenticated evidence to prove."

And again: "Cases [of syphilis] reported during such infection to have occurred through the sole agency of the father suffering from syphilis (the mother up to this time being free from the disease) must be classed either among those instances where the characteristic features of the disease are absent, or where they are so imperfectly developed as to have escaped detection."

Dr. Shaw-Mackenzie, ‡ in his monograph on Maternal Syphilis, speaking of Mr. Henry Lee's statement to the effect that in so-called hereditary syphilis due to

\* *A Practical Treatise on Genito-urinary Diseases, with Syphilis*, New York, 1874, p. 521.

† *Practical Clinical Lessons on Syphilis, etc.*, New York, 1883, p. 205 *et seq.*

‡ *On Maternal Syphilis*, London, 1898, p. 178.

the father, there has been a urethral or concealed chancre, says:

"It throws a reasonable doubt on the spermatozoon as an accepted vehicle for virus in the absence of diseased testes, and authoritatively admits the maternal origin of syphilis in the vast majority of cases." He afterward reiterates this opinion, and declares that it is sustained by all the facts that can be adduced.

Dr. Ogilvie, in his instructive paper on Congenital Immunity to Syphilis,\* says: "Without denying the *possibility* of a paternal influence of this kind [the infection of the unborn offspring through the father], or a maternal one during the mother's tertiary stage, or after her recovery, I have only indicated the direction in which all the actual evidence which we possess on this subject seems to point." This evidence, he declares throughout his monograph, is overwhelmingly to the effect that constitutional syphilis existing in the father is not transmitted to the offspring under any circumstances whatever.

There is no *possible* way for a man suffering from constitutional syphilis to infect a healthy woman but through the seminal fluid which has become contaminated through the absorption of the syphilitic virus into his blood. But, as a matter of fact, it never is thus poisoned. No one has yet succeeded in producing a chancre or other syphilitic manifestations by inoculating animals or healthy persons with the seminal fluid of a syphilitic man. Fournier † says: "Being given a syphilitic father and a healthy mother, there is every chance that the child born of the union will be exempt

\* *British Journal of Dermatology*, vol. xi, 1899, p. 46.

† *Leçons sur la syphilis*, etc.

from syphilis." And again, "I have under notice eighty-seven cases of syphilitic men who, having married, have not communicated to their wives the least suspicious symptom, and from whose marriage one hundred and fifty-six perfectly healthy children were born."

The researches of Mireur\* are perfectly conclusive on this point of the non-inoculability of the seminal fluid of syphilitics confirming, as they do, the experiments of Fournier. And it may be regarded now as being definitely established that such inoculability does not exist. As Hochsinger† says: "It is thoroughly well known, and, through the experiments of Fournier and Mireur, established beyond doubt that the semen of a syphilitic man as such can not communicate syphilis." At the present day, he repeats, it is regarded as impossible that the semen of a syphilitic man can transmit the infection to a healthy woman.

In fact, syphilis can not be communicated to healthy persons through the physiological secretions or excretions of syphilitic men or women. Thus, neither the tears, the sweat, the urine, the milk, nor the semen contain the syphilitic virus. And, therefore, no matter how they reach the system they can not transmit the disease. A healthy child, for instance, may with impunity take into its stomach the milk of a syphilitic woman, or such milk may come in contact with abrasions in its mouth, and it will remain uninfected.

Up to about twenty-five years ago some authors, following Paracelsus, Swediaur, Astruc, and Ulrich, von

\* *Recherches sur la non-inoculabilité du sperme.*

† *Studien über die hereditäre Syphilis*, Leipzig und Wien, 1898, p. 25.

Hutten, contended for the hereditary transmission of syphilis through the father. But at the present day the best authorities—those basing their opinions on observation and experiment—absolutely deny such paternal influence. If there are any writers who still hold to the doctrine in question they are such as have obtained their information from antiquated treatises which have long since been put aside. There are some who still believe in the therapeutical virtues of sarsaparilla, or in the identity of the hard and soft chancres, or in any one or more of a dozen exploded notions. There are others who refuse to accept the fact that mercury is curative of syphilis in some of its manifestations, and again others who deny the efficacy of quinine in malarial fever. There will always be such persons, not only in the medical profession but in all the other walks of life—persons who are not convinced by facts, but who are governed by heated emotions instead by the cold intellect, which alone serves man in his search for truth.

So much for the hereditary transmission of syphilis, on which Mr. Atkinson, with a view of terrifying the people and discouraging the soldiers serving in our foreign possessions, has so vehemently insisted in his pamphlet. And what becomes of his fallacious assertion so dogmatically expressed “that it is well known that while there may be an apparent cure, this disease works corruption of the blood to the third and fourth generation, ending in degeneracy?” And how unjustifiable his appeal to fathers and mothers, “How many of your own sons will you expose to sure infection and degeneration in the conduct of your philanthropic purpose?” *Sure infection and degeneration!* If there

ever was a dictum utterly unwarranted by the facts, this is one.

Mr. Atkinson says (page 18):

"The records of the medical department and the testimony of visitors to our camps in this country, coupled with the observations of members of Congress with whom I have consulted, prove that this phase of the hell of war had taken firm hold of our troops before they had been exposed to the greater hazard at their points of destination in Cuba, Porto Rico, and Manila."

There is a very considerable substratum of truth in this citation. Undoubtedly a great deal of the gonorrhœa, chancroid, and syphilis which was found among our troops in the places mentioned by Mr. Atkinson was taken there from New York, San Francisco, and other parts from which troops embarked, and from which sources of infection the diseases in question were still more extensively than heretofore spread among the inhabitants of those islands. San Francisco was pre-eminent as a nursery of these diseases. Even during peace, some of the garrisons in the United States exhibited so large a proportion of venereal affections that they were worthy to come into competition with the numbers among the British troops in India, which are so triumphantly adduced by Mr. Atkinson without the slightest warrant as being applicable to our own troops in our tropical possessions. Thus it is stated in the *Report of the Surgeon-General for 1894* that Columbus Barracks, Ohio, had the highest admission rate—333.88 to the 1,000 of mean strength. Fort Brown, Texas, comes next, with a ratio of 265.05, and even here at Washington Barracks the ratio was 167.47. As General Sternberg very appositely remarks: "The statistics

sometimes fail to include the whole of the cases." And, again, in speaking of the prevalence of venereal diseases at Columbus Barracks, "the depot surgeon states his opinion that it is no uncommon occurrence for men so diseased to treat themselves, or get treatment outside without having their names appear on the sick report; and the post-surgeon at Fort Brady is confident that not more than twenty-five per cent. of the venereal cases at his post came under his observation."

In 1897 the absolute number of cases of all venereal diseases, as shown by the *Report of the Surgeon-General* for that year, was 1,961, of which only 276 were syphilis, preserving therefore the ratio of one seventh. The ratios were of all venereal diseases, for Jefferson Barracks, Missouri, 211.59; Fort Ringgold, Texas, 206.35; and Fort Leavenworth, Kansas, 184.70; at Columbus Barracks, it being no longer a recruiting depot, the ratio had fallen to 160.26; while at Washington Barracks it was only 136.75.

In 1898, during part of which the war existed, Jefferson Barracks shows a decrease to a ratio of 164.77; Fort Ringold, Texas, has fallen to 186.99; and Fort Leavenworth, Kansas, to 134.04. Columbus Barracks shows a still further reduction to 147. As to Washington Barracks, it no longer figures among the twenty posts showing the greatest ratios, and as the smallest ratio is at Fort McPherson, Georgia—117.90—the ratio at Washington Barracks could not have exceeded those figures.

It is doubtful if syphilis existed in the Philippines, or in Cuba or in Puerto Rico before it was carried there by Europeans. It is certainly true that it was unknown in Hawaii before it was imported by Europeans and

Americans. It seems scarcely fair then, in Mr. Atkinson, to turn around now on the people of those islands and taunt them with the crime of infecting our soldiers. If the population of Hawaii has, as he says, been reduced to a "degenerated remnant," it is because the diseases they contracted from the whites were not subjected to proper medical treatment. When scientifically managed no disease is more susceptible to cure than syphilis, whether primary or constitutional. As to leprosy in the Hawaiian Islands, which he declares "gives evidence of the utter degeneracy of these poor people," I should like to ask him how many Americans have contracted the disease there? Can he name a single one? And how about leprosy with the Norwegians among whom it prevails extensively. Is it an evidence of the degeneracy of these people? And does Mr. Atkinson know that this disease was not indigenous in Hawaii, but was taken there by the Chinese?

Mr. Atkinson omits all mention of the excessive use of alcohol as a factor in causing the degeneracy of the Hawaiian people, and, indeed, of all aborigines with which whites, especially Anglo-Saxons, are brought into contact. Neither does he allude to tuberculosis and small-pox; nor does he mention the fact, well known to anthropologists, that half-breeds are never so resistant to morbid influences as either of the parent stocks.

The statistics quoted by Mr. Atkinson from British sources relative to the prevalence of venereal diseases among the British troops in India and other British tropical possessions, and the use he makes of them, are calculated, if unexplained, to lead to erroneous conclusions, and perhaps, as he evidently intends, to terrify

the people of this country and the soldiers serving in our armies in foreign parts.

Relative to the increase in the spread of venereal diseases during the last few years, the success of the efforts of the ultra-good people of England in securing the repeal of the Contagious Diseases Act, must be charged with a great part of the odium therefor. While this act was in force the soldiers of the British army were inspected once a week by their medical officers, and therefore the first evidences of venereal diseases were discovered early. Moreover, the knowledge that they had to submit to such an examination had great influence in preventing the men exposing themselves to infection. General Coppinger, United States army, informs me that he observed at Plymouth the operation of the law. Among the soldiers who were inspected weekly there was very little syphilis or other venereal disease, while among the sailors who were not inspected there was a great deal.

Dr. Ogilvie declares that the amount of syphilis among the British troops serving in India has enormously increased, and that the disease has assumed a most virulent and malignant form. This, as he says, was first caused by the abolition of the Contagious Diseases Act, by the provisions of which the men had to be inspected every week.

The *Report from Netley Hospital by the Committee of the College of Physicians* states "that almost every variety of syphilitic disease was represented; those of a virulent form being very numerous, and the results of the disease were, in many cases, deplorable, while the appearance of the sufferers was most pitiable. Recovery is hopeless, and what to do with them has become a

question of serious difficulty. It is impossible to send them to their homes; their friends refuse to receive them. Death alone can solve the difficulty.

I may here interpolate a question to Mr. Atkinson. A great many soldiers have returned from the Philippines, Cuba, and Puerto Rico. Does he know of the existence among these troops of any condition approaching, even remotely, this horrible picture of the state of affairs at Netley? I will answer for him. He does not. For there has not been the least resemblance to it; nor will there be.

Dr. Ogilvie remarks as follows on this scandalous matter:

"This is a most extraordinary picture of a disease which is generally considered one of the most controllable and best curative. The calamity during the Peninsular war, when the ravages were as notable as those in India at the present day was, as we have seen, chiefly due to the treatment adopted. The question therefore put in a leading medical journal: 'Is syphilis efficiently treated in the army?' seems eminently justifiable." Then he states that a committee appointed to inquire into a similar subject in 1868 found that no uniform plan of treatment existed in the forces at that time; and then continuing, says: "To obtain any answer to the above question an exhaustive inquiry into the details of the whole treatment and the hygienic conditions is necessary."

The above question is answered in the negative by the *British Medical Journal*, in which it appeared, and it quotes as follows from the *Report of the Army Medical Department* for 1891 showing how matters stood at that time:

“Formerly, and indeed at the present time, when a soldier contracts syphilis he is admitted to hospital and there treated until all the primary signs or symptoms of the disease have disappeared. He is discharged for duty, when all treatment is, of course, suspended; the disease breaks out afresh; he remains on duty as long as he can; he eventually comes to hospital, is readmitted, and under treatment the symptoms again disappear; he is again discharged for duty and treatment stops, and again the disease breaks out and again he is admitted to the hospital; and this series of events goes on. As he never gets a lengthened treatment, he never gets rid of the disease. He goes abroad to the tropics and is there an easy prey to the diseases common in those regions or the ravages of syphilis. Eventually he is either invalided, and is no further use as a soldier, or he dies.”

“Was ever,” continues the editor, “a more serious confession made in an official report? Is it any cause for wonder that the usefulness for active service and invaliding on account of syphilis is so great? May not the increased violence in the army reasonably be attributed to inadequate treatment?”

The prevalence of venereal diseases, especially of syphilis, among the British troops serving in India is, therefore, clearly the result of inefficient medical treatment, and is not due to the influence of climate or any specific virulence in the disease. This is conclusively shown by the improvement that has recently taken place. In an interesting paper on *The Treatment of Syphilis in the Army by Intramuscular Injections of Mercury*, Surgeon-Major Lambkin \* has pro-

\* *British Medical Journal*, 1898, p. 487.

posed a plan of treatment from the use of which the reports already received are uniform in declaring that great amelioration has been effected. It consists in injecting into the muscles—preferably those of the gluteal region—a mixture of metallic mercury, one drachm; lanolin, two drachms; and carbolized olive oil, (two per cent.), one drachm. These ingredients are rubbed up together till the globules of mercury have entirely disappeared. The maximum dose of this compound is ten minims, and it is injected once, or at most twice a week. The advantages claimed for the method over the administration of mercury by any other process are:

1. The soldier can be treated while out of hospital attending to his duties.

2. It is absolutely in the surgeon's own hands, and therefore certain to be administered.

3. It does not produce diarrhœa or indigestion.

The soldier is directed to attend the hospital at morning sick-call, and the injection being given, he rejoins his company without any interruption to his military duties having occurred.

The results given by Surgeon-Major Lambkin from several hundred cases coming under his own observation are exceedingly gratifying. Moreover, the experience of other medical officers is to the like effect. Thus, the surgeon-general of her Majesty's forces in India reports this plan as not only being generally successful in the treatment of syphilis, but as having also lessened the number of admissions into hospital for this disease.

Surgeon-Captain Porter \* reports most "happy results" from treatment by this system.

\* *British Medical Journal*, 1898, p. 1308.

The director-general of the British army,\* in his annual report to the secretary of state for war, says: "Hypodermic injections of lanolin and mercury were found to give excellent results."

Another point upon which Mr. Atkinson insists, and which he thinks exhibits an exceptional state of filth and liability to infection in the cities of the Philippine Islands, is as follows:

"The precautions reported to me by commercial men who are thoroughly familiar with the conditions of these places, especially Manila, made necessary even on the part of private persons lest the infection should be carried from lavatories and the like, indicate the utterly corrupt condition of all the principal cities in these islands." This would be laughable if it were not calculated to deceive ignorant or thoughtless persons. It refers to a condition which exists with more or less thoroughness in every city of the civilized world, and in which the cities of the Philippine Islands possess, for instance, no exclusive or even marked preeminence. Who would, without precautions, expose himself to infection from such a source in London, Paris, or New York, or even in Boston? In fact, however, the danger of contracting venereal diseases from water-closets and the like is greatly exaggerated. In an extensive practice of over fifty years I have never observed such a case even among those who were not particularly cleanly in their habits. That the *possibility* exists is not to be denied. I know of no recorded cases, however, of syphilis having been thus acquired. Gonorrhœa is occasionally communicated in this way, and Otis mentions two cases occurring in persons who had used the closets of

\* *Army Medical Department Report for 1896*, p. 161.

hotels in this country, which were apparently caused by infection from these sources. But such events are rare, and even their possibility is doubted by some authorities. I have diligently questioned army officers who have served in the Philippines, and they know of no cases of infection from such sources. They state that the liability is no greater there than it is in any of our cities from similar agencies.

Now, as regards our own troops in the Philippines we have, as yet, no extensive or exact data in their relations to venereal diseases; but what little we have does not support Mr. Atkinson's inference that because these affections are widespread among the British troops in India they must necessarily be equally prevalent among the American soldiers in the Philippines. I am informed by the surgeon-general that few medical reports have, as yet, been received, and that those that have come to hand make no reference to venereal disease as being especially prevalent or virulent. It is, however, stated by the chief surgeon of the Second Brigade, Second Division, Eighth Army Corps, stationed at Manila, that of 358 cases of disability, 89 were of venereal diseases. Of this number it should be borne in mind that only 13, or one seventh, were probably syphilis. This ratio is not so great as that of several army posts in this country. Mr. Atkinson might as well say that as Columbus Barracks shows a ratio of 333.38 to the 1,000 of mean strength, a similar proportion must exist at Newport Barracks, Kentucky, across the river from Cincinnati, Ohio. There is nothing on record showing any extreme virulence or refractoriness to treatment. All the information that I have been able to obtain orally from officers and others returning from

the Philippines, shows that our troops are not suffering to a greater extent than the troops stationed in this country. It is a fact that the American soldier takes better care of himself than does the British soldier. He is more careful in not exposing himself to infection and much more cleanly in his habits. Moreover, it is his custom to report to his surgeon, or to some other medical authority, as soon as the first sign of disease is perceived.

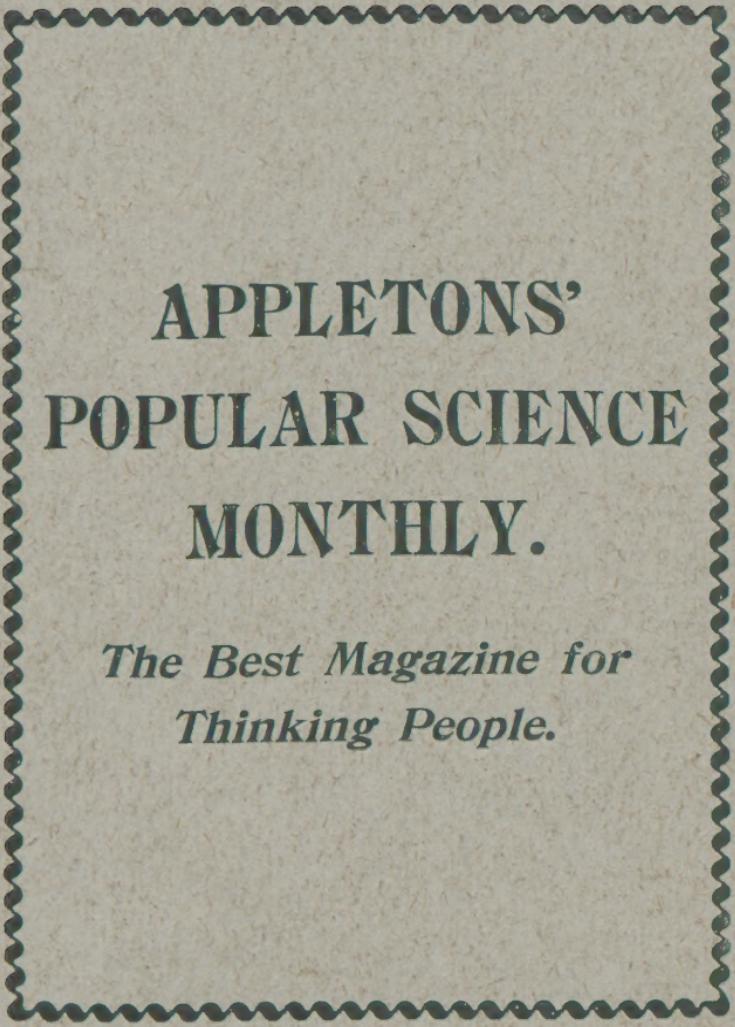
Mr. Atkinson states that: "In the Philippines none of these precautions [sanitary] have been taken. No well-prepared stations exist, sanitary science is unknown, and our troops must be mostly volunteers under the direction mainly of inexperienced and ill-prepared line officers."

This is incorrect in every particular. There are excellent and thorough well-provided hospitals; sanitary requirements are in force and sanitary science is not unknown. Relative to the line officers, I can not make a sweeping assertion in regard to their fitness, but I have reason to believe that most of them know their duties and attend to them. As to the medical officers, all the evidence obtainable goes to show that they are well-informed and assiduous in the performance of their duties. We know that Manila and other places occupied by the American troops have been thoroughly cleansed and disinfected. There are no special foci of disease there, and it is not likely that our troops will suffer more severely in any respect than if they were in camp on the shores of the Gulf of Mexico. Certainly they will not die or be disabled in anything like the proportion which existed among the troops composing the Army of the Potomac when they were serving on the Chickahominy.

The arguments used by Mr. Atkinson throughout his pamphlet are such as would, if acted upon, shut out Cuba, Puerto Rico, and the Philippine Islands from all communication with the rest of the civilized world. If his assertions are correct, he has proved too much. Commerce with them would be out of the question, for his statements are just as applicable to persons engaged in trading operations as to those serving in our army. No one, practically, contracts a venereal disease without his or her active cooperation. Soldiers are particularly apt to expose themselves to contagion; but lapses in this respect are by no means confined to them, and civilians living in foreign parts are notoriously less careful in the matter than such persons would be if residing in their own country. How much more worthy of Mr. Atkinson it would have been, if he had written, with his usual force and lucidity, a paper pointing out the evils of promiscuous sexual intercourse! This would have been a graceful act, for which his ability and researches in social science would have rendered him particularly capable. As it is, he has made statements which are not facts, has drawn inferences which are not warranted, and has expressed opinions which are ill-founded. His hysterical and unpatriotic appeals to the people of the United States to discourage the recruitment of our army are unworthy of him. How far they will prevail with people influenced by his personal character, but ignorant of the facts, I do not know. But I do know that they will fall unheeded on the ears of the patriotic men who are fighting under the flag of their country.







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